

**STATE OF MICHIGAN**  
**DEPARTMENT OF COMMUNITY HEALTH**  
**BUREAU OF HEALTH PROFESSIONS**  
PO Box 30670, Lansing, MI 48909  
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# REQUEST FOR PUBLIC RECORDS

**Authority:** Michigan Freedom of Information Act, 1976 PA 442, as amended

***(Please Print or Type)***

|                    |        |                        |
|--------------------|--------|------------------------|
| Name:              |        | Telephone No. (      ) |
| Firm/Organization: |        | Fax No: (      )       |
| Street.:           |        |                        |
| City:              | State: | Zip:                   |

***Describe the public record as specifically as possible: (Please give file number if known)***

[illegible]

*I wish to obtain \_\_\_\_\_ copy(ies) of the record.*

*Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

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